

Results for the samples and analytes requested The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the certified tests

Lab No.: 70127964001

Client Sample ID.: GAC VESSEL A

Sample Information: Type: Drinking Water Origin: Raw Well

Repeat

575 Broad Hollow Road, Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436

www.pacelabs.com

Hampton Bays Water District

P.O. Box 1013

Collected:

Hampton Bays, NY 11946 Attn To: Supt. McCuen Federal ID: 5103704

04/14/2020 08:15 AM

Point Location GAC VESSEL A

Received: 04/14/2020 11:08 AM Collected By CLIENT

Sample Comments: RUN TO WASTE

Analytical Method:SN	M22 9223B Colilert	Prep Method:	SM22 922	23B Colilert	Prep Date	<u>9:</u> 04/14/2020 5:30 PM	
Parameter(s)	<u>Results</u>	Qualifier	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	Analyzed:	Container:
E.coli	Absent		1		Absent	04/15/2020 11:30	001 SP5T1/1
Total Coliforms	Absent		1		Absent	04/15/2020 11:30	001 SP5T1/1

page 1 of 18

Qualifiers:

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to changes in sample preparation, dilution of the sample aliquot, or moisture content.

ND - Not Detected at or above adjusted reporting limit.

J - Estimated concentration above the adjusted method detection limit and below the adjusted reporting limit.Estimated value - below calibration range

U - Indicates the compound was analyzed for, but not detected

Result(s) reported meet(s) NYS Regulatory Limit(s). Result(s) flagged with * Exceed NYS Regulatory Limit(s). Limit Noted.

Date Reported: 04/15/2020

Test results meet the requirements of NELAC unless otherwise noted.



Results for the samples and analytes requested

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the certified tests

Lab No.: 70127964002

Client Sample ID.: GAC VESSEL A

Sample Information:

Type: Drinking Water Origin: Raw Well Repeat

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946 Attn To: Supt. McCuen
Federal ID: 5103704

Collected: 04/14/2020 08:16 AM Point GAC VESSEL A

Received: 04/14/2020 11:08 AM Location

Collected By CLIENT Sample Comments:
RUN TO WASTE

Analytical Method:SM	//22 9223B Colilert	Prep Method: SM22 9223B Colilert			Prep Date		
Parameter(s)	<u>Results</u>	Qualifier	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	Analyzed:	Container:
E.coli	Absent		1		Absent	04/15/2020 11:30	002 SP5T1/1
Total Coliforms	Absent		1		Absent	04/15/2020 11:30	002 SP5T1/1

page 2 of 18

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Date Reported: 04/15/2020

Kimberley Mack

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Results for the samples and analytes requested

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the certified tests

Lab No.: 70127964003

Client Sample ID.: GAC VESSEL A

Sample Information:

Type: Drinking Water Origin: Raw Well Repeat

Hampton Bays Water District

P.O. Box 1013

Attn To: Supt. McCuen Federal ID: 5103704

Collected: 04/14/2020 08:30 AM Point GAC VESSEL A

Received: 04/14/2020 11:08 AM Location

Collected By CLIENT Sample Comments:
RUN TO WASTE

Analytical Method:SM	<u>9:</u> 04/14/2020 5:30 PM						
Parameter(s)	<u>Results</u>	Qualifier	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	Analyzed:	Container:
E.coli	Absent		1		Absent	04/15/2020 11:30	003 SP5T1/1
Total Coliforms	Absent		1		Absent	04/15/2020 11:30	003 SP5T1/1

page 3 of 18

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Date Reported: 04/15/2020

Kimberley Mack

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Results for the samples and analytes requested The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the certified tests

Lab No.: 70127964004

Client Sample ID.: GAC VESSEL A

Sample Information:

Type: Drinking Water Origin: Raw Well Repeat

575 Broad Hollow Road, Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436 www.pacelabs.com

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946 Attn To: Supt. McCuen Federal ID: 5103704

GAC VESSEL A Collected: 04/14/2020 08:45 AM Point

Received: 04/14/2020 11:08 AM Location

Collected By CLIENT **Sample Comments: RUN TO WASTE**

Analytical Method:SN	M22 9223B Colilert	Prep Method:	SM22 922	23B Colilert	Prep Date	e: 04/14/2020 5:30 PM	
Parameter(s)	Results	<u>Qualifier</u>	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	Analyzed:	Container:
E.coli	Absent		1		Absent	04/15/2020 11:30	004 SP5T1/1
Total Coliforms	Absent		1		Absent	04/15/2020 11:30	004 SP5T1/1

Qualifiers:

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Result(s) flagged with * Exceed NYS Regulatory Limit(s). Limit Noted.

page 4 of 18

Date Reported: 04/15/2020

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Results for the samples and analytes requested

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the certified tests

Lab No.: 70127964005

Client Sample ID.: GAC VESSEL A

Sample Information:
Type: Drinking Water
Origin: Raw Well

Repeat

Hampton Bays Water District

P.O. Box 1013

Collected:

Hampton Bays, NY 11946 Attn To: Supt. McCuen
Federal ID: 5103704

04/14/2020 09:15 AM Point GAC VESSEL A

Received: 04/14/2020 11:08 AM Location

Collected By CLIENT Sample Comments: RUN TO WASTE

Analytical Method:SM22 9223B Colilert Prep Method: SM22 9223B Colilert Prep Date: 04/14/2020 5:30 PM								
Parameter(s)	Results	<u>Qualifier</u>	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	Analyzed:	Container:	
E.coli	Absent		1		Absent	04/15/2020 11:30	005 SP5T1/1	
Total Coliforms	Absent		1		Absent	04/15/2020 11:30	005 SP5T1/1	

page 5 of 18

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Date Reported: 04/15/2020

Kimberley Mack

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Results for the samples and analytes requested The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the certified tests

Lab No.: 70127964006

Client Sample ID.: GAC VESSEL B

Sample Information:

Type: Drinking Water Origin: Raw Well Repeat

575 Broad Hollow Road, Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436 www.pacelabs.com

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946 Attn To: Supt. McCuen Federal ID: 5103704

Collected: 04/14/2020 08:15 AM

Point

GAC VESSEL B

Received: 04/14/2020 11:08 AM

Location

Collected By CLIENT **Sample Comments: RUN TO WASTE**

Analysis al Mash advocas	22.22.22.2.2	Dana Mathada	01400.00	200 0 111 1	Duan Date		
Analytical Method:SM2	22 9223B Collect	Prep Method:	SM22 922	23B Collect	Prep Date	e: 04/14/2020 5:30 PM	
Parameter(s)	<u>Results</u>	<u>Qualifier</u>	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	Analyzed:	Container:
E.coli	Absent		1		Absent	04/15/2020 11:30	006 SP5T1/1
Total Coliforms	Absent		1		Absent	04/15/2020 11:30	006 SP5T1/1

page 6 of 18

Qualifiers:

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Date Reported: 04/15/2020

Test results meet the requirements of NELAC unless otherwise noted.



Results for the samples and analytes requested

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the certified tests

Lab No.: 70127964007

Client Sample ID.: GAC VESSEL B

Sample Information:
Type: Drinking Water
Origin: Raw Well

Repeat

Hampton Bays Water District

P.O. Box 1013

Collected:

Hampton Bays, NY 11946 Attn To: Supt. McCuen
Federal ID: 5103704

04/14/2020 08:16 AM Point GAC VESSEL B

Received: 04/14/2020 11:08 AM Location

Collected By CLIENT Sample Comments:
RUN TO WASTE

Analytical Method:SN	//22 9223B Colilert	Prep Method: SM22 9223B Colilert			Prep Date		
Parameter(s)	<u>Results</u>	Qualifier	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	Analyzed:	Container:
E.coli	Absent		1		Absent	04/15/2020 11:30	007 SP5T1/1
Total Coliforms	Absent		1		Absent	04/15/2020 11:30	007 SP5T1/1

Qualifiers:

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Date Reported: 04/15/2020

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page 7 of 18

Test results meet the requirements of NELAC unless otherwise noted.



Results for the samples and analytes requested The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the certified tests

Lab No.: 70127964008

Client Sample ID.: GAC VESSEL B

Sample Information:

Type: Drinking Water Origin: Raw Well Repeat

TEL: (631) 694-3040 FAX: (631) 420-8436

www.pacelabs.com

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946 Attn To: Supt. McCuen Federal ID: 5103704

GAC VESSEL B Collected: 04/14/2020 08:30 AM Point

Received: 04/14/2020 11:08 AM Location

Collected By CLIENT **Sample Comments: RUN TO WASTE**

Analytical Method:SM	e: 04/14/2020 5:30 PM						
Parameter(s)	<u>Results</u>	Qualifier	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	Analyzed:	Container:
E.coli	Absent		1		Absent	04/15/2020 11:30	008 SP5T1/1
Total Coliforms	Absent		1		Absent	04/15/2020 11:30	008 SP5T1/1

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Lab No.: 70127964009

Client Sample ID.: GAC VESSEL B

Sample Information: Type: Drinking Water Origin: Raw Well

Repeat

575 Broad Hollow Road, Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436 www.pacelabs.com

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946 Attn To: Supt. McCuen Federal ID: 5103704

GAC VESSEL B Collected: 04/14/2020 08:45 AM Point

Received: 04/14/2020 11:08 AM Location

Collected By CLIENT **Sample Comments: RUN TO WASTE**

Analytical Method: SM22 9223B Colilert Prep Method: SM22 9223B Colilert Prep Date: 04/14/2020 5:30 PM								
Parameter(s)	Results	<u>Qualifier</u>	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	Analyzed:	Container:	
E.coli	Absent		1		Absent	04/15/2020 11:30	009 SP5T1/1	
Total Coliforms	Absent		1		Absent	04/15/2020 11:30	009 SP5T1/1	

page 9 of 18

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Lab No.: 70127964010

Client Sample ID.: GAC VESSEL B

Sample Information:

Type: Drinking Water Origin: Raw Well Repeat

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946 Attn To: Supt. McCuen
Federal ID: 5103704

Collected: 04/14/2020 09:15 AM Point GAC VESSEL B

Received: 04/14/2020 11:08 AM Location

Collected By CLIENT Sample Comments: RUN TO WASTE

Analytical Method:SM22 9223B Colilert Prep Method: SM22 9223B Colilert Prep Date: 04/14/2020 5:30 PM								
Parameter(s)	<u>Results</u>	<u>Qualifier</u>	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	Analyzed:	Container:	
E.coli	Absent		1		Absent	04/15/2020 11:30	010 SP5T1/1	
Total Coliforms	Absent		1		Absent	04/15/2020 11:30	010 SP5T1/1	

page 10 of 18

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Date Reported: 04/15/2020

Kimberley Mack

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Results for the samples and analytes requested The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the certified tests

Lab No.: 70127964011

Client Sample ID.: BLEND EFF

Sample Information: Type: Drinking Water

Origin: Raw Well Repeat

575 Broad Hollow Road, Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436 www.pacelabs.com

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946 Attn To: Supt. McCuen

Federal ID: 5103704

Collected: 04/14/2020 08:15 AM

Point

BLEND EFF

Received: 04/14/2020 11:08 AM Location

Collected By CLIENT **Sample Comments: RUN TO WASTE**

Analytical Method:SN	M22 9223B Colilert	Prep Method:	SM22 922	23B Colilert	Prep Date	e: 04/14/2020 5:30 PM	
Parameter(s)	<u>Results</u>	<u>Qualifier</u>	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	Analyzed:	Container:
E.coli	Absent		1		Absent	04/15/2020 11:30	011 SP5T1/1
Total Coliforms	Absent		1		Absent	04/15/2020 11:30	011 SP5T1/1

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page 11 of 18

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Sample Information: Type: Drinking Water Origin: Raw Well

Repeat

www.pacelabs.com **Hampton Bays Water District**

P.O. Box 1013

Collected:

Hampton Bays, NY 11946 Attn To: Supt. McCuen Federal ID: 5103704

Lab No.: 70127964012 Client Sample ID.: BLEND EFF

BLEND EFF 04/14/2020 08:16 AM Point

Received: 04/14/2020 11:08 AM Location

TEL: (631) 694-3040 FAX: (631) 420-8436

Collected By CLIENT **Sample Comments: RUN TO WASTE**

Analytical Method:SM	e: 04/14/2020 5:30 PM						
Parameter(s)	<u>Results</u>	Qualifier	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	Analyzed:	Container:
E.coli	Absent		1		Absent	04/15/2020 11:30	012 SP5T1/1
Total Coliforms	Absent		1		Absent	04/15/2020 11:30	012 SP5T1/1

page 12 of 18

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Lab No.: 70127964013

Client Sample ID.: BLEND EFF

Sample Information:
Type: Drinking Water
Origin: Raw Well

Repeat

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946 Attn To: Supt. McCuen
Federal ID: 5103704

Collected: 04/14/2020 08:30 AM Point BLEND EFF

Received: 04/14/2020 11:08 AM Location

Collected By CLIENT Sample Comments:
RUN TO WASTE

Analytical Method:SN	//22 9223B Colilert	Prep Method: SM22 9223B Colilert			Prep Date	Prep Date: 04/14/2020 5:30 PM		
Parameter(s)	Results	<u>Qualifier</u>	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	Analyzed:	Container:	
E.coli	Absent		1		Absent	04/15/2020 11:30	013 SP5T1/1	
Total Coliforms	Absent		1		Absent	04/15/2020 11:30	013 SP5T1/1	

page 13 of 18

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Lab No.: 70127964014

Client Sample ID.: BLEND EFF

Type: Drinking Water
Origin: Raw Well
Repeat

Sample Information:

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946 Attn To: Supt. McCuen
Federal ID: 5103704

Collected: 04/14/2020 08:45 AM Point BLEND EFF

Received: 04/14/2020 11:08 AM Location

Collected By CLIENT Sample Comments:
RUN TO WASTE

Analytical Method: SM	122 9223B Colilert	Prep Method:	SM22 922	3B Colilert	Prep Date	<u>e:</u> 04/14/2020 5:30 PM	
Parameter(s)	<u>Results</u>	Qualifier	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	Analyzed:	Container:
E.coli	Absent		1		Absent	04/15/2020 11:30	014 SP5T1/1
Total Coliforms	Absent		1		Absent	04/15/2020 11:30	014 SP5T1/1

page 14 of 18

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Lab No.: 70127964015

Client Sample ID.: BLEND EFF

Sample Information:

Type: Drinking Water Origin: Raw Well Repeat

575 Broad Hollow Road, Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436 www.pacelabs.com

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946 Attn To: Supt. McCuen

Federal ID: 5103704 Collected:

04/14/2020 09:15 AM

Point

BLEND EFF Location

Received: 04/14/2020 11:08 AM Collected By CLIENT

Sample Comments: RUN TO WASTE

Analytical Method:SN	M22 9223B Colilert	Prep Method:	SM22 922	23B Colilert	Prep Date	± 04/14/2020 5:30 PM	
Parameter(s)	<u>Results</u>	<u>Qualifier</u>	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	Analyzed:	Container:
E.coli	Absent		1		Absent	04/15/2020 11:30	015 SP5T1/1
Total Coliforms	Absent		1		Absent	04/15/2020 11:30	015 SP5T1/1

page 15 of 18

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Date Reported: 04/15/2020

Test results meet the requirements of NELAC unless otherwise noted.



WorkOrder:

70127964

Laboratory Certifications

Pace Analytical Services Long Island

575 Broad Hollow Rd, Melville, NY 11747

New York Certification #: 10478 Primary Accrediting Body

New Jersey Certification #: NY158 Pennsylvania Certification #: 68-00350 Connecticut Certification #: PH-0435

Maryland Certification #: 208 Rhode Island Certification #: LAO00340 Massachusetts Certification #: M-NY026

New Hampshire Certification #: 2987

Date Reported: 04/15/2020 page 16 of 18



Sample Request Form PUBLIC WATER SUPPLIER

Date: 4-14-20

ပွ Collected By: W Boat Accepted By: 1/8, 4

14 14 14		
WELL OFF LINE 1-1, 1-2, 1-3, E	B.E. Vrss A, Vess B	MELL RUN TO SYSTEM 5- (

☐ NO VOC'S PRESERVED WITH HCI

> 2 ر ارد ا

Name or Code: RAMPTON BAYS, NEW YORK 11946

621) 728-0179

Address:

Phone #:

HAMPTON BAYS WATER DISTRICT

Client Info:

Purpose PW - Potable Water Sample Types Cooler Temp:

SW - Surface Water GW - Groundwater

WW - Waste Water

AQ - Aqueous S - Soil

ResampleSpecial RO - Routine RE - Resample S - Special

GAC - Granular Activated Charcoal **Treatment Types** AST - Air Stripper D - Distribution RW - Raw Well

MW - Monitoring Well TW - Treated Well - Influent - Tank

Effluent

- Nitrate Removal Plant - Iron Removal Plant

- Other

Copies To:

Proj. # or (Name):

Bill To:

Sample Infor

### Collections Samples Location Unique Type Propose Of publication Collections Samples Location Unique Type Propose Of Public Samples Collected The First Samples Collect		Comple			Treatment		Field Readings	Analysis	Lab No.
4-14-30 6W WELL 1-1 RW - RE BRCT BRCT BRCT BRCT HILL 30 6W WELL 1-3 RW - RE BRCT BRCT BRCT BRCT BRCT BRCT BRCT BRCT	o Collected:	Type	Location	Origin	Type	rurpase	Cl ₂ pH/Temp		G.
4-14-30 6W WELL 1-3 RW - RE 4-14-30 6W WELL 1-3 RW - RE 4-14-30 6W WELL 1-3 RW - RE 4-14-30 6W GREVESSEI A RW - RE 8-15, 8-14, 8-30 BRCT 4-14-30 6W GREVESSEI B RW - RE 8-15, 8-14, 8-30 BRCT - 7/4, Imity Smint, 1 HR 14-17-30 GW GREVESSEI B RW - RE 17-17-30 GW GREVESSEI B RW - RE 17-17-30 GW GREVESSEI B RW - RE 17-17-30 GW WELL 5-1 RW - RW WELL 5-1 RW WELL 5-1 RW - RW WELL 5-1 R		36	117644 1-1	R S	١	12 × E/		Bact	Ď-100
6W WELL 1-3 6W WELL 1-3 6W RLEND INF. RW - RE 8"15, 8"14, 8"30 9COT 6W GREVESEL A RW - RE 8"15, 8"14, 8"30 9COT 9COT	18		-	A A	1	प्रह		Ber	
GW RIEND IMF. GW GAC VESSEI A RW - RE 8:15,8:14,8:30 GW WELL 5-1 CW WELL 5-1 WELL 1-1 WELL 1-2 WELL 1-3 MEND 10-7 BLEND INF BLEND EFF, VASS A VASS B AN ALL	84:1-4	() () () () () () () () () ()	-	3	ı	RE		Bar	16
6W GAC VESSEL A RW - RE 8:15, 8:14, 8:30 GW GAC VESSEL B RW - RE 8:15, 8:14, 8:30 GW GAC VESSEL B RW - RE 8:15, 8:14, 8:30 GW GAC VESSEL B RW - RE 8:15, 8:14, 8:30 GW GAC VESSEL B RW - RE 8:15, 8:14, 8:30 GW GAC VESSEL B RW - RE 8:15, 8:14, 8:30 GW GAC VESSEL B RW - RE 8:15, 8:14, 8:30 GW GAC VESSEL B RW - RE 8:15, 8:14, 8:30 GW GW - 51, 14, 14, 15 GW GAC VESSEL B RW - RE 8:15, 8:14, 8:30 GW GW - 51, 14, 14, 15 GW GW - 51, 14, 16, 15 GW GW - 51, 14, 16, 15 GW GW VESSEL B RW - RE 8:15, 8:14, 16, 16 GW GW VESSEL B RW - RE 8:15, 8:14, 16, 16 GW GW VESSEL B RW - RE 8:15, 8:14, 16, 16 GW GW VESSEL B RW - RE 8:15, 8:14, 16, 16 GW GW VESSEL B RW - RE 8:15, 8:14, 8:1	20.03	G.F.		R	١			Bact	and in
GW GRE VESSEL B RW - RE 8:15,814,8:30 BROT - 94, Imin, ISmin, 30min, 114R OR OR W - SR 8:15,8:14,8:30 BROT - 514, Imin, ISmin, 30min, 114R OR OR W - S S:175,8:14,8:30 BROT - 514, Imin, ISmin, 30min, 114R OR OR OR OR W - S S:175,8:176,8:30 BROT - 514, Imin, ISmin, 30min, 114R OR OR OR OR W WELL S-1 RW - S S:175,8:176,8:30 BROT - 514, Imin, ISmin, 30min, 114R OR OR OR OR OR WILL I WELL ITS WELL STREAM INF RURA EFF, VYSS & VSS & WALL	1 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	3		A W	١		8:15, 8:14, 8:30	Bact - 5/4, 1 min 15 min	30min, 1418
4.20 GW HEND EFF RW - RE 8:15, 8:14, 8:30 BBCS - Th, Imin, ISMIN, 30m, 14R OF50 4.20 WELL 5-1 RW - S TROD, MONE BOOK OF50 4.20 WELL 5-1 RW - S BOOK WEST NOW BOOK A VEST B AN ALL	48.45	3		RW	8		8:15, 8116, 8:30	Baca - Su, Imingsonia, 300	काल प्रमा गांप
4.30 Ges Well 1-3 Well 1-3 BLEND INF BLEND LYSS & AV	100 T	3	HEND EFF	₩.	y			Bocs - Slu, Imis, 15mis, 3cm	jo,
1 1-1 Well 1-3 Well 1-3	1. 14. 14. 25.	<u>a</u>		RW	v	S		IROD, MANG	9880
11 1-1 Well 1-3 Well 1-3									
11 1-1 Well 1-3 Well 1-3									
11 1-1 Well 1-3 Well 1-3									
	Remarks:	1-1	Well 1-3 W-11	1	Many	S (NF	BLEED CFF, V.	155 A VISS B W.	ALL

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RED

Sample Condition Upon Receipt

	Sar	nple Co	onditio	n Upon I	Receipt		2064
Pace Analytical						1.7012	7964 Date: 05/14/20
Consideration of American	Client N	ame:		Pr	MO	Due	Date: 05/14/20
.*	MB	WD			PM: K	MM	
Courier: Fed Ex UPS USPS C	lient Comme	rcial 🗍 Pad	ce Dthe	٢	CLIEN	IT: HBW	
Tracking #: Custody Seal on Cooler/Box Present:	Yes No	Seals i	ntact:	Yes 🛮 No	Te	mperature Blank Pre	esent: Yes No
Packing Material: Bubble Wrap Bubb	le Bans □Ziplo	None	Dther		Ту	pe of Ice: (Wel) Bli	ue None
	Correction	on Factor:	+O.	2	□Sa	mples on ice, cooling	process has begun
Thermometer Used: TH091		mperature			Da	te/Time 5035A kits p	placed in freezer
		•		3 			11 -
Temp should be above freezing to 6.0° C USDA Regulated Soil (\square N/A, water sam	ple)			Date and In		on examining conte	
Did samples originate in a quarantine zone within t	the United States:	AL, AR, CA,	FL, GA, ID,	LA, MS, NC,	Did	samples orignale from a luding Hawaii and Puerto	foreign source (internationally,
NM, NY, OK, OR, SC, TN, TX, or VA (check map)	?] NO	Chaaklia	+ (F_L L.C_010)	oni And include	with SCURICOC na	perwork.
NM, NY, OK, OR, SC, TN, TX, or VA (check map) If Yes to either question	n, fill out a Reg	ulated Soil	CHECKUS	T	, and molude	COMMENTS:	r
	ØYes	□No		1.			
Chain of Custody Present:	□Yes			2.			
Chain of Custody Filled Out:	ElYes			3.			
Chain of Custody Relinquished:	Yes	□No	□N/A	4.		(*)	
Sampler Name & Signature on COC:	/ Yes	□No		5.			1
Samples Arrived within Hold Time:	ØŶes	□No		6.			
Short Hold Time Analysis (<72hr):	□Yes	₽No		7.		X	
Rush Turn Around Time Requested: Sufficient Volume: (Triple volume provided for MS		□No		8.			74
	Yes	□No		9.		-	
Correct Containers Used:	. Ayes	□No					
-Pace Containers Used: Containers Intact:	Yes	□No		10.			
Filtered volume received for Dissolved tests	□Yes	□No	∕ÓN/A	11. Not	te if sediment is	visible in the dissolved c	ontainer.
Sample Labels match COC:	√ÛYes	□No		12.			
-Includes date/time/ID/Analysis Matrix S	SL WO OIL						
All containers needing preservation have been ch	ecked □Yes	□No	DN/A	13.	HNO ₃	H₂SO₄ □ NaOH	☐ HCI
pH paper Lot #	¥.		1				
All containers needing preservation are found to b	oe in	2. 2.	1	Sample #			5.5
compliance with EPA recommendation? (HNO ₁ , H ₂ SO ₄ , HCI, NaOH>9 Sulfide,	□Yes	□No	□N/A				
NAOH512 Cyanidet	rease						
Exceptions: VOA, Coliform, TOC/DOC, Oil and G DRO/8015 (water).	10000			Initial when o	completed: Lo	t # of added preservative	: Date/Time preservative added
Per Method, VOA pH is checked after analysis			CK114	14.			
Samples checked for dechlorination:	□Yes	□No	TANIA	14.			э
KI starch lest strips Lot # Residual chlorine strips Lot #				Ро	sitive for Res. C	hlorine? Y N	-
Headspace in VOA Vials (>6mm):	□Yes	□No	фила	15.			
Trip Blank Present:	□Yes	□No	DINIA	16.			
Trip Blank Custody Seals Present	□Yes	□No	DNA				
Pace Trip Blank Lot # (if applicable):	_						
Client Notification/ Resolution:				Field Data F	Required?	Y / N	
Person Contacted:				D:	ate/Time:		
Comments/ Resolution:							

^{*} PM (Project Manager) review is documented electronically in LIMS.